

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 175277	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/15/2016	Y3
NAME OF FACILITY BRANDON WOODS AT ALVAMAR			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 INVERNESS DRIVE LAWRENCE, KS 66047		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0280	Correction	ID Prefix F0309	Correction	ID Prefix F0318	Correction
Reg. # 483.20(d)(3), 483.10(k)(2)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(e)(2)	Completed
LSC	06/16/2016	LSC	06/16/2016	LSC	06/16/2016
ID Prefix F0323	Correction	ID Prefix F0329	Correction	ID Prefix F0428	Correction
Reg. # 483.25(h)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.60(c)	Completed
LSC	06/16/2016	LSC	06/16/2016	LSC	06/16/2016
ID Prefix F0431	Correction	ID Prefix F0441	Correction	ID Prefix	Correction
Reg. # 483.60(b), (d), (e)	Completed	Reg. # 483.65	Completed	Reg. #	Completed
LSC	06/16/2016	LSC	06/16/2016	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 5/17/2016		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			